

October 10, 2013

DOCKET FILE COPY ORIGINAL

Received & Inspected

OCT 25 2013

FCC Mail Room

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
9300 East Hampton Drive
Capitol Heights, MD 20743

Re: FCC Form 481-Carrier Annual Reporting Data Collection Form Due October 15, 2013

Dear Ms. Dortch:

Enclosed herein is the FCC Form 481 Carrier Annual Reporting Data Collection Form for
CHURCHILL COUNTY TELEPHONE & TELEGRAPH dba CC COMMUNICATIONS,
Study Area Code 552349 pursuant to §54.313 of the Commission's rules.

Also enclosed is one copy of this cover letter to be stamped and returned in the enclosed SASE.

Please contact me with any questions at:

Phone 775-423-7171 opt. 0 ext.#1401
Email mark.feest@corp.cccomm.net

Sincerely,


Mark Feest
General Manager

Enclosures

Copies to:

Board of County Commissioners
Chairman of Board
155 N. Taylor St. Suite 110
Fallon, NV 89406

Fallon Paiute Shoshone Tribe
Administration Department
565 Rio Vista
Fallon, NV 89406

No. of Copies rec'd 041
List ABCDE

CC Communications



FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3045-0046/OMB Control No. 3045-0046-001 July 2013
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<010> Study Area Code	552349		
<015> Study Area Name	CHURCHILL-CC COMM.	Received & Inspected	
<020> Program Year	2014	OCT 25 2013	
<030> Contact Name: Person USAC should contact with questions about this data	Jim Stilwell	FCC Mail Room	
<035> Contact Telephone Number: Number of the person identified in data line <030>	775-423-7171 ext. 1263		
<039> Contact Email Address: Email of the person identified in data line <030>	jim.stilwell@corp.cccomm.net		

ANNEX REPORTING FOR ALL CARRIERS	54,422 Completed Required
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<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>		
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	<table border="1" style="width: 100%;"> <tr><td style="text-align: center;">0</td></tr> </table>	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
0				
<310> Detail on Attempts (voice)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<320> Unfulfilled Service Requests (broadband)	<table border="1" style="width: 100%;"> <tr><td style="text-align: center;">0</td></tr> </table>	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
0				
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<410> Fixed	<table border="1" style="width: 100%;"> <tr><td style="text-align: center;">1.72</td></tr> </table>	1.72		
1.72				
<420> Mobile	<table border="1" style="width: 100%;"> <tr><td style="text-align: center;">0.0</td></tr> </table>	0.0		
0.0				
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<440> Fixed	<table border="1" style="width: 100%;"> <tr><td style="text-align: center;">17.23</td></tr> </table>	17.23		
17.23				
<450> Mobile	<table border="1" style="width: 100%;"> <tr><td style="text-align: center;">0.0</td></tr> </table>	0.0		
0.0				
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<510> 552349nv510	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<610> 552349nv610	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<900> Tribal Land Offerings (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<1010> <input type="checkbox"/>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	
<2005>	(complete attached worksheet)	<input type="checkbox"/>	

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input type="checkbox"/>	
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	

**(100) Service Quality Improvement Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	552349
<015>	Study Area Name	CHURCHILL-CC COMM.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jim Stilwell
<035>	Contact Telephone Number - Number of person identified in data line <030>	775-423-7171 ext. 1263
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.stilwell@corp.cccomm.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input checked="" type="radio"/> <input type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing § 54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

Name of Attached Document (.pdf)

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

<010>	Study Area Code	552349
<015>	Study Area Name	CHURCHILL-CC COMM.
<020>	Program Year	2014
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-- See attached worksheet --

<010>	Study Area Code	552349
<015>	Study Area Name	CHURCHILL-CC COMM.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jim Stilwell
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<701>	Residential Local Service Charge Effective Date	1/1/2013
<702>	Single State-wide Residential Local Service Charge	

<703>

[illegible]

<711>

[illegible]

<010>	Study Area Code	552349
<015>	Study Area Name	CHURCHILL-CC COMM.
<020>	Program Year	2014
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<035>	Contact Telephone Number - Number of person identified in data line <030>	775-423-7171 ext. 1263
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.stilwell@corp.cccomm.net
<810>	Reporting Carrier	Churchill-CC Comm.
<811>	Holding Company	NA
<812>	Operating Company	NA

[illegible]



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<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jim Stilwell
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.stilwell@corp.cccomm.net

<910> Tribal Land(s) on which ETC Serves Fallon Paiute Shoshone Tribe

<920> Tribal Government Engagement Obligation

552349nv910

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

Data Collection Form		Form 485
		OMB Control No. 3040-0056/Other Control No. 3040-0056
		Rev. 7/13

<010>	Study Area Code	552349
<015>	Study Area Name	CHURCHILL-CC COMM.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jim Stilwell
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.stilwell@corp.ccomm.net

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☒

Terms and Conditions for Lifeline Customers	
<010> Study Area Code	552349
<015> Study Area Name	CHURCHILL-CC COMM.
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Jim Stilwell
<035> Contact Telephone Number - Number of person identified in data line <030>	775-423-7171 ext. 1263
<039> Contact Email Address - Email Address of person identified in data line <030>	jim.stilwell@corp.cccomm.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP www.cccomm.net

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Form	FCC Form
OMB 4715-0047	OMB 4715-0047
July 2013	July 2013

<010>	Study Area Code	552349
<015>	Study Area Name	CHURCHILL-CC COMM.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jim Stilwell
<035>	Contact Telephone Number - Number of person identified in data line <030>	775-423-7171 ext. 1263
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.stilwell@corp.cccomm.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>
Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>
Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
<2021>	Interim Progress Community Anchor Institutions	<input type="checkbox"/>

Name of Attached Document Listing Required Information

<010>	Study Area Code	552349
<015>	Study Area Name	CHURCHILL-CC COMM.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jim Stillwell
<035>	Contact Telephone Number - Number of person identified in data line <030>	775-423-7171 ext. 1263
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.stillwell@corp.cccomm.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010)	Milestone Certification [47 CFR § 54.313(f)(1)(i)] Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313(f)(1)(i), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3012)	Community Anchor Institutions [47 CFR § 54.313(f)(1)(ii)]	Name of Attached Document Listing Required Information	<input type="checkbox"/> (Yes/No)
(3013)	Is your company a Privately Held ROR Carrier [47 CFR § 54.313(f)(2)]		<input type="checkbox"/> (Yes/No)
(3014)	If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input type="checkbox"/>
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input checked="" type="checkbox"/> (Yes/No)
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input checked="" type="checkbox"/>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input checked="" type="checkbox"/>
(3022)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3023)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	552349nv3026

Collection - Reporting	FCC Form 302	OMB 0-000-0000
Collection - Reporting	July 2013	Control No.

<010> Study Area Code 552349

<015> Study Area Name CHURCHILL-CC COMM.

<020> Program Year 2014

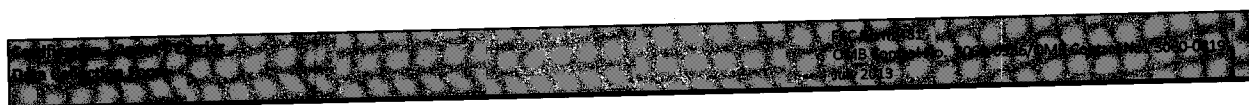
<030> Contact Name - Person USAC should contact regarding this data Jim Stilwell

<035> Contact Telephone Number - Number of person identified in data line <030> 775-423-7171 ext. 1263

<039> Contact Email Address - Email Address of person identified in data line <030> jim.stilwell@corp.cccomm.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	CHURCHILL-CC COMM.
Signature of Authorized Officer:	CERTIFIED ONLINE
Printed name of Authorized Officer:	Mark Feest
Title or position of Authorized Officer:	General Manager
Telephone number of Authorized Officer:	775-423-7171
Study Area Code of Reporting Carrier:	552349
Filing Due Date for this form:	10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	



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<020>	Program Year	2014
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.stilwell@corp.cccomm.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	Date: _____
Signature of Authorized Officer: _____	
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	Date: _____
Signature of Authorized Agent or Employee of Agent: _____	
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

552349nv510

Line 510

54.313 & 54.422 Service Quality Standards & Consumer Protection Compliance

Consumer Protection

CHURCHILL COUNTY TELEPHONE & TELEGRAPH dba CC COMMUNICATIONS

complies with the requirements of 47 CFR Part 64 Subpart U, Customer Proprietary Network Information and the Federal Trade Commission Red Flag rules to prevent identity theft. A manual for each of those programs is in place and is part of the employees' handbook. Employee training is conducted annually and new hires are instructed on the programs as required by their job functions.

Service Quality Standards

CHURCHILL COUNTY TELEPHONE & TELEGRAPH dba CC COMMUNICATIONS

complies with the service standards of Churchill County in the State of Nevada. CHURCHILL COUNTY TELEPHONE & TELEGRAPH dba CC COMMUNICATIONS is committed to providing the highest quality service to its subscribers.

552349nv610

Line 610

54.313 & 54.422 Functionality in Emergency Situations

Back-up Power

CHURCHILL COUNTY TELEPHONE & TELEGRAPH dba CC COMMUNICATIONS
has the following back-up power capabilities:

Switches – stand alone and/or host

Switch Site: 50 W. Williams Ave., Fallon, NV

Emergency power: 500 Kilowatts, Diesel 400 gallon tank capacity, 115 hours of operation time.

Battery power: 48 volt unit cell lead acid batteries, 575 amp load, 8 hour reserve.

Remote Central Offices

Remote Office: Pioneer Site, Reno Hwy, Fallon, NV

Emergency power: 144 Kilowatts generator, Propane 2011 gallon tank capacity, 200 hours of operation time.

Battery power: 48 volt sealed lead batteries, 45 amp load, 20 hours reserve.

Remote Office: Southside Site, Pasture Road, Fallon, NV

Emergency power: 55 Kilowatts generator, Natural gas virtually unlimited hours of operation time.

Battery power: 48 volt sealed lead batteries, 37 amp load, 8 hours reserve.

Subscriber carrier locations:

<u>Sites w/batteries</u>	<u>Hours of Battery reserve time</u>
New River Pkwy	4-6
Venturacci Lane	4-6
Lone Tree Road	4-6
Solias Road	4-6
Strasden Lane	4-6
Thurman Lane	4-6
Old River Road	4-6
Lima Lane	4-6
Sarah Road	4-6
Cox Road	4-6
Hawk Drive	4-6
Bottom Road	4-6
Harrigan Road	8
Dodge Lane	8
Curry Road	8
Boyer Road	8
Rice & Red Road	8
Lammel Place	8

696 simultaneous calls. **CHURCHILL COUNTY TELEPHONE & TELEGRAPH dba CC COMMUNICATIONS** takes no responsibility for the capabilities of interconnected networks to manage traffic spikes resulting from emergency situations, but will continue its best efforts for its networks during such events.

Line 910

54.313 Tribal Land Offerings

CC Communications' Tribal Engagement with Fallon Paiute Shoshone Tribe (FPST)

On December 13, 2012 CC Communications met with Rod Ariwite (Economic Development Director) and John Greenhut (Tribal Administrator) to conduct a needs assessment to integrate into our future planning. Tribal housing areas are served with a minimum of 4/1 mbps broadband, while anchor institutions have fiber passing most buildings. It was determined that some fiber drops were needed to move some anchor institutions off of copper in order to gain the higher bandwidth desired. We further discussed the feasibility of extending fiber to locations outside of the cluster of anchor institutions, as well as planning for future growth on the lands, including a potential new health clinic, detention center, and power plant.

Additionally we discussed past marketing practice to ensure that there were no issues with cultural sensitivity, and none were identified. Tribal lands are directly adjacent to the city we serve and past practice has not included marketing efforts specifically directed at tribe members aside from lifeline.

The final items we discussed at the December 13, 2012 meeting were planning, zoning and licensing requirements. In the past we have never had any issues and have found the FPST government easy to work with. We reviewed their requirements and no additional issues were identified.